



# Belmont Permit Center PERMIT APPLICATION

Application No.: \_\_\_\_\_

**Case Type:**

**Zoning of Property:** \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Design Review          | <input type="checkbox"/> Tentative Tract Map                  | <input type="checkbox"/> Certificate of Appropriateness  |
| <input type="checkbox"/> Variance               | <input checked="" type="checkbox"/> Façade Improvement Rebate | <input type="checkbox"/> General Plan Amendment          |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Lot Line Adjustment                  | <input type="checkbox"/> Rezoning / Zoning Ordinance     |
| <input type="checkbox"/> Floor Area Exception   | <input type="checkbox"/> Grading Permit Approval              | <input type="checkbox"/> Geologic Review                 |
| <input type="checkbox"/> City Code Exception    | <input type="checkbox"/> Conceptual Development Plan          | <input type="checkbox"/> Geo-Hazards Map Amendment       |
| <input type="checkbox"/> Tentative Parcel Map   | <input type="checkbox"/> Detailed Development Plan            | <input type="checkbox"/> Subdivision Ordinance Exception |

**Zoning Case Numbers:** \_\_\_\_\_  
(Staff Use Only)

**Project Description:** \_\_\_\_\_

**Property Description:**

Street Address: \_\_\_\_\_, Belmont, CA 94002

Assessors Parcel Number: \_\_\_\_\_

Property Area (sq. ft.): \_\_\_\_\_

Nearest Cross Street: \_\_\_\_\_

**Applicant Information:**

|                   |                                    |                              |
|-------------------|------------------------------------|------------------------------|
| Owner Name: _____ | Telephone Number:<br>(     ) _____ | Fax Number:<br>(     ) _____ |
|-------------------|------------------------------------|------------------------------|

|  |                       |
|--|-----------------------|
| Mailing Address, if different from Site Address: _____ | E-mail Address: _____ |
|--|-----------------------|

|   |                                    |                              |
|---|------------------------------------|------------------------------|
| Applicant Name, if different from Property Owner: _____ | Telephone Number:<br>(     ) _____ | Fax Number:<br>(     ) _____ |
|---|------------------------------------|------------------------------|

|                                  |                       |
|----------------------------------|-----------------------|
| Applicant Mailing Address: _____ | E-mail Address: _____ |
|----------------------------------|-----------------------|

**Submittal Authorization:**

|                           |             |
|---------------------------|-------------|
| Signature of Owner: _____ | Date: _____ |
|---------------------------|-------------|

|  |             |
|--|-------------|
| Signature of Applicant, if different from Owner: _____ | Date: _____ |
|--|-------------|

**For Office Use Only:** Fee Amount: \_\_\_\_\_ Check No.: \_\_\_\_\_

# FACADE IMPROVEMENT REBATE



## Belmont Permit Center APPLICATION CHECKLIST

Page 1 of 1

***Address:*** \_\_\_\_\_

***Date:*** \_\_\_\_\_

***Project:*** \_\_\_\_\_

*Please review your project with the Planning Department  
to determine if any additional items listed below are required.*

**Required**  
(by City)

**Submitted**  
(by applicant)

### **Applications**



**Application Checklist (this form)**



**Permit Application**



**Supplemental Application**

### **Miscellaneous**



**Complete Design Review Application**

### **Fees and**



**Application fee**

### **Deposits**

***Staff Assistant:*** \_\_\_\_\_

***Telephone:*** \_\_\_\_\_

***Date:*** \_\_\_\_\_

**Applicant's Statement:** As applicant for this project, I hereby certify that the materials listed as 'submitted' on this checklist are complete and accurate. If the City of Belmont determines that the materials are incomplete or inaccurate, I understand that the entire application may be deemed withdrawn and the application materials returned to me, with no further processing by the City.

***Applicant's Name:*** \_\_\_\_\_

***Date:*** \_\_\_\_\_

***Applicant's Signature:*** \_\_\_\_\_

# FAÇADE IMPROVEMENT REBATE



## Belmont Permit Center SUPPLEMENTAL APPLICATION

Application No.: \_\_\_\_\_ (Office Use)

**Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Project:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ***Qualifying Improvements:***

Check each of the following improvements for which a rebate is requested:

☐ - Painting

☐ - Stucco

☐ - Repair

☐ - Wood Siding

☐ - Windows

☐ - Doors

☐ - Tile Work

☐ - Awnings / Canopies

☐ - Moldings / Reliefs

☐ - Signs

☐ - Landscaping

☐ - Sidewalks

☐ - Other (please describe):  
\_\_\_\_\_  
\_\_\_\_\_

### ***Phasing:***

Describe the schedule of any progression of development, including identification of major units to be phased (attached additional sheets, if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

### ***Façade Rebate:***

Indicate the total project improvement cost (attach required contractor's estimate):

Item 1      \$ \_\_\_\_\_ Contractor's Name: \_\_\_\_\_

Item 2      \$ \_\_\_\_\_ Contractor's Name: \_\_\_\_\_

Item 3      \$ \_\_\_\_\_ Contractor's Name: \_\_\_\_\_

Item 4      \$ \_\_\_\_\_ Contractor's Name: \_\_\_\_\_

**TOTAL**      \$ \_\_\_\_\_



**Belmont Permit Center**  
**PERMIT APPLICATION**

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Street Address: \_\_\_\_\_

Application No.: \_\_\_\_\_

***Site Preparation / Grading:***

Number of Cubic Yards of Combined Cut and Fill:

\_\_\_\_\_ Cubic Yards

OR Check ☐ if less than 50 Cubic Yards

Depth of any Cut or Fill at Deepest Point:

\_\_\_\_\_ Feet

OR Check ☐ if less than 2 Feet

Surface Area to be Graded or Cleared:

\_\_\_\_\_ Square Feet

OR Check ☐ if less than 2000 Square Feet

***Retaining Walls:***

The Project Includes New, Rebuilt or Extended Retaining Walls:

☐ Yes

☐ No

Maximum Height of New, Rebuilt or Extended Retaining Walls:

\_\_\_\_\_ Feet

***Floor Area:***

Existing Floor Area of All Enclosed Structures: \_\_\_\_\_ Square Feet

Proposed New Floor Area to be Added: \_\_\_\_\_ Square Feet

Total Floor Area Resulting from Project: \_\_\_\_\_ Square Feet

***On-site Parking:***

Existing Parking / Number of Spaces: \_\_\_\_\_ Covered \_\_\_\_\_ Uncovered

Proposed Additional or Lost Parking Spaces: \_\_\_\_\_ Covered \_\_\_\_\_ Uncovered

Total Parking Spaces Resulting from Project \_\_\_\_\_ Covered \_\_\_\_\_ Uncovered

***Check any of the following items that apply to the project:***

☐ Steep Terrain

☐ New Driveway / Curbcut

☐ New Signs

☐ Large Trees on Site

☐ New Water Service

☐ Redevelopment Area

☐ Historic Building on Site

☐ Construction Dumpster Required